

State of California



Fair Political Practices Commission

P.O. BOX 807 • SACRAMENTO, 95804 • • • 1100 K STREET BUILDING, SACRAMENTO, 95814

Technical Assistance
(916) 322-5662

• • Administration • •
322-5660

• • Executive/Legal • •
322-5901

• • Enforcement • •
322-6441

• • Statements of Economic Interest
322-6444

December 21, 1984

Lloyd Stabiner
D.W. Holding Co.
1114 Avenue of the Americas
New York, N.Y. 10036

RE: Campaign Disclosure Requirements of D.W. Holding Co.
and its affiliates

Dear Mr. Stabiner:

Gloria Gillmore at the California Secretary of State's office, Political Reform Division, has referred the campaign disclosure statements filed by D.W. Holding Co. and six affiliated companies to this Commission. The Fair Political Practices Commission is responsible for administering and enforcing the campaign disclosure provisions of California's Political Reform Act.

The purpose of this letter is to clarify for you the campaign disclosure obligations of D.W. Holding Company and the six affiliated companies under California's Political Reform Act.

As I understand the facts, each of the seven companies made a contribution of \$5,000 to the California Reapportionment Committee (I.D. No. 841384). Each company filed a campaign disclosure statement (Form 461) reporting its \$5,000 contribution. Some of the campaign statements were filed after the October 24, 1984, filing deadline. Because of the late filings, you were notified by the Political Reform Division that the companies which filed late were subject to a late filing penalty. You then called the Political Reform Division and indicated to Ms. Gillmore that you had requested and received a \$1.00 refund from the California Reapportionment Committee for each of the companies and, therefore, you felt that no campaign disclosure statements were required to be filed.

The companies are still subject to the campaign disclosure provisions for the following reasons:

First, under the Political Reform Act, the affiliated companies are considered a single entity for campaign disclosure purposes and should file a single campaign statement. That is, contributions made by the companies must be aggregated for the purpose of determining whether the companies qualify as a

Lloyd Stabiner
December 21, 1984
Page 2

"committee" under Gov. Code Section 81013(c), and for the purpose of filing campaign disclosure statements. The proper method of reporting the companies' contributions is to list the contributions made by each company on one campaign statement (Form 461), indicating on the campaign statement the name of the company which made each contribution. The "Name of Filer" on the campaign statement should indicate, "D.W. Holding Company and its affiliates (see attached list of affiliated companies)." An attachment to the campaign statement should list each company and its address. The "cumulative amount" of contributions to the California Reapportionment Committee is the total amount of contributions made by all of the companies.

Second, with regard to the refund of \$1.00 received by each company, receipt of the refund does not affect the companies' campaign disclosure obligations because:

- (1) Such a refund does not negate the fact that a contribution of \$5,000 was made. Gov. Code Section 84211(q) provides that, "A contribution need not be reported nor shall it be deemed accepted if it is not cashed, deposited or negotiated and it is returned to the contributor before the closing date of the campaign statement on which the contribution would otherwise be reported."
- (2) Even if each company actually contributed less than \$5,000 each, since the companies are required to aggregate their contributions and file a single campaign statement, the aggregate amount of contributions totaled \$5,000 or more. Therefore, the companies qualified as a "committee" and must file a statement.

We have determined that you may file an amended campaign disclosure statement reporting all of the contributions and, since some of the statements of the individual companies were filed on time, the corrected campaign statement will not be subject to a late fine. Please attach a letter to the Secretary of State and the other filing officers explaining that the corrected campaign statement replaces the individual statements filed for each company. Please note that the period covered by the statement should be January 1, 1984 through December 31, 1984. (By covering the entire calendar year, no additional campaign statements will be required for 1984.)

Lloyd Stabiner
December 21, 1984
Page 3

Please call me if you have any questions.

Sincerely,

Jeanne Pritchard
Jeanne Pritchard *CEO*
Political Reform Consultant

JP:bb
Enclosures

Mr. Stabiner

12:30

ROOM/STA. NO.

FROM

REPRESENTING

DATE

TIME

PHONE

212-80

☐ Telephoned

☐ Please Call

☐ Was In

☐ Returned Call

☐ Will Call Again

☐ Wants To See You

☐ Information

Note and

Reply

☐ Comment

☐ Re-route

☐ My Signature

☐ Investigate

☐ Return

☐ Copy Me

☐ Contact Me

☐ File

☐ Forwarded
Per Request

MESSAGE/REMARKS

D. W. Holding Company

BY

STD 7 (REV. 12-79)

STATE OF CALIFORNIA

COMBINATION OF STD 7 AND 11B (ROUTE SLIP) ANNUAL SAVINGS \$8,300.

MESSAGE

OSP

A.G.W. Holding

R.H.A Holding Co.

D.W. Holding Co.

David

ARNO W

J.D. Holding

Joshua Arnow

J.W.A. Holding Co.

H.W. Holding Co.



Form 461
1984

EXPENDITURE AND MAJOR DONOR
COMMITTEE CAMPAIGN STATEMENT
(Government Code Section 84200-84217)

For use by: (1) persons who have made expenditures or contributions totaling \$5,000 or more in a calendar year directly to or at the behest of candidates, officeholders or committees; or, (2) persons who have made independent expenditures on behalf of candidates, officeholders or ballot measures totaling \$500 or more in a calendar year.

(Type or Print in Ink)

Statement covers period 9/18/84 through 10/20/84

2000

AND FILED

In the office of the Secretary of State
of the State of California

OCT 30 1984

MARCH FONG EU, Secretary of State

A OFFICIAL USE ONLY

PM 10:27 AM

NAME OF FILER

DW HOLDING COMPANY

PERMANENT ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

1117 Ave of Americas NYC NY 10036 212 869-9788

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

DATE OF ELECTION (MO., DAY, YR.) (if applicable):

TOTAL PAGES

EXPENDITURES AND CONTRIBUTIONS MADE TO: (Amounts may be rounded off to whole dollars)

OFFICIAL USE ONLY	DATE	NAME & ADDRESS OF PAYEE (If committee, also enter I.D. No. or Treasurer's name and address)	DESCRIPTION OF EXPENDITURE OR CONTRIBUTION MADE	NAME OF CANDIDATE & OFFICE OR NAME OF BALLOT MEASURE & BALLOT NUMBER OR LETTER	Check one Sup. Op- port pose	AMOUNT	CUMU- LATIVE AMOUNT
	Oct 17 1984	Calif. Reapportion- ment Committee #841 384		Prop. 39: Reap- portionment Initiative Const. Amdt & Statute	X	\$5000-	\$5000-

Each additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional subtotals to Line 1, Part IV) S

\$5000

YOU MUST COMPLETE THE SUMMARY AND VERIFICATION ON PAGE 2

OFFICIAL USE ONLY	C	D	E	F
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For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

TO: (Amounts may be rounded off to whole dollars)

FULL NAME & ADDRESS OF RECIPIENT (If committee, also enter I.D. Number or Treasurer's name and address)	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION		INTER- EST RATE	AMOUNT OF LOAN	CUMULATIVE AMOUNT
	Check one - Support Oppose				
None					
Attach additional information on appropriately labeled continuation sheets.					
SUBTOTAL (Carry with additional subtotals to Line 3, Part IV)				\$	0

II LOANS REPAID BY: (Amounts may be rounded off to whole dollars)

FULL NAME AND ADDRESS OF DEBTOR PLUS PERSON WHO REPAID THE LOAN IF DIFFERENT (If the loan was made to a committee, list the committee's name, address and I.D. Number. If the committee I.D. Number is unknown list the treasurer's full name and street address.)	AMOUNT REPAID THIS PERIOD	UNPAID BALANCE
None		
Attach additional information on appropriately labeled continuation sheets.		
SUBTOTAL (Carry with additional subtotals to Line 5, Part IV)		\$ 0

V SUMMARY

1. Expenditures and contributions made of \$100 or more this period (Part I)	\$ 5000
2. Expenditures and contributions under \$100 made this period (Not itemized)	0
3. Loans made this period (Part III) Include all subtotals	0
TOTAL (Line 1 + 2 + 3)	5000
4. Loans repaid this period (Part III) Include all subtotals	0
5. Net expenditures and contributions made this period (Line 4 - 5, this can be a negative amount)	5000
Cumulative expenditures and contributions made from prior statement	0
Cumulative expenditures and contributions made to date (Line 6 + 7)	\$ 5000

VERIFICATION

I have not received any contributions during this calendar year.

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on 02/25/88 at NYC NY by Doniz V. Santos by R. Santos atty-in fact
(DATE) (CITY AND STATE) (SIGNATURE OF COMMITTEE TREASURER OR INDIVIDUAL DONOR)



Form 461
1984

EXPENDITURE AND MAJOR DONOR COMMITTEE CAMPAIGN STATEMENT

(Government Code Section 84200-84217)

For use by: (1) persons who have made expenditures or contributions totaling \$5,000 or more in a calendar year directly to or at the behest of candidates, officeholders or committees; or, (2) persons who have made independent expenditures on behalf of candidates, officeholders or ballot measures totaling \$500 or more in a calendar year.

(Type or Print in Ink)

20.00

AND FILED
In the office of the Secretary of State
of the State of California

OCT 31 1984

MARCH FONG EU, Secretary of State

A OFFICIAL USE ONLY

PM 10:27-21

Statement covers period _____ through _____

NAME OF FILER:

PERMANENT ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

TOTAL PAGES

EXPENDITURES AND CONTRIBUTIONS MADE TO: (Amounts may be rounded off to whole dollars)

OFFICIAL USE ONLY	DATE	NAME & ADDRESS OF PAYEE (If committee, also enter I.D. No. or Treasurer's name and address)	DESCRIPTION OF EXPENDITURE OR CONTRIBUTION MADE	NAME OF CANDIDATE & OFFICE OR NAME OF BALLOT MEASURE & BALLOT NUMBER OR LETTER	Check one Sup. Op- port. pose	AMOUNT	CUMU- LATIVE AMOUNT
	Oct 17 1984	Calif. Reapportionment Committee #841 384		Prop. 39: Reapportionment Initiative Const. Amdt & Statute	X	\$5000	\$5000

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional subtotals to Line 1, Part IV) \$

5000

YOU MUST COMPLETE THE SUMMARY AND VERIFICATION ON PAGE 2

OFFICIAL USE ONLY	C	D	E	F	
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For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

MADE TO: (Amounts may be rounded off to whole dollars)

FULL NAME & ADDRESS OF RECIPIENT (If committee, also enter I.D. Number or Treasurer's name and address)	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION		INTER- EST RATE	AMOUNT OF LOAN	CUMULATIVE AMOUNT
	Check one Support Oppose				
None					
SUBTOTAL (Carry with additional subtotals to Line 3, Part IV)				\$	0

Attach additional information on appropriately labeled continuation sheets.

II LOANS REPAID BY: (Amounts may be rounded off to whole dollars)

FULL NAME AND ADDRESS OF DEBTOR PLUS PERSON WHO REPAID THE LOAN IF DIFFERENT (If the loan was made to a committee, list the committee's name, address and I.D. Number. If the committee I.D. Number is unknown list the treasurer's full name and street address.)	AMOUNT REPAID THIS PERIOD	UNPAID BALANCE
None		
SUBTOTAL (Carry with additional subtotals to Line 5, Part IV)		\$

Attach additional information on appropriately labeled continuation sheets.

V SUMMARY

Expenditures and contributions made of \$100 or more this period (Part 1)	\$	5000
Expenditures and contributions under \$100 made this period (Not itemized)		0
Loans made this period (Part III) Include all subtotals		0
TOTAL (Line 1 + 2 + 3)		5000
Loans repaid this period (Part III) Include all subtotals		0
Net expenditures and contributions made this period (Line 4 - 5, this can be a negative amount)		5000
Cumulative expenditures and contributions made from prior statement		0
Cumulative expenditures and contributions made to date (Line 6 + 7)	\$	5000

VERIFICATION

I have not received any contributions during this calendar year.

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on Oct 25 1997 at NYC NY by David Chinn & [Signature] is fact
(DATE) (CITY AND STATE) (SIGNATURE OF COMMITTEE TREASURER OR INDIVIDUAL OWNER)



Form 461
1984

EXPENDITURE AND MAJOR DONOR COMMITTEE CAMPAIGN STATEMENT

(Government Code Section 84200-84217)

For use by: (1) persons who have made expenditures or contributions totaling \$5,000 or more in a calendar year directly to or at the behest of candidates, officeholders or committees; or, (2) persons who have made independent expenditures on behalf of candidates, officeholders or ballot measures totaling \$500 or more in a calendar year.

(Type or Print in Ink)

20.00

RECEIVED
AND FILED

In the office of the Secretary of State
of the State of California

NOV 01 1984

MARCH FONG EU, Secretary of State

A OFFICIAL USE ONLY

PM 10:27-84

Statement covers period _____ through _____

NAME OF FILER:

PERMANENT ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

DATE OF ELECTION (MO., DAY, YR.) (if applicable):

TOTAL PAGES

EXPENDITURES AND CONTRIBUTIONS MADE TO: (Amounts may be rounded off to whole dollars)

OFFICIAL USE ONLY	DATE	NAME & ADDRESS OF PAYEE (If committee, also enter I.D. No. or Treasurer's name and address)	DESCRIPTION OF EXPENDITURE OR CONTRIBUTION MADE	NAME OF CANDIDATE & OFFICE OR NAME OF BALLOT MEASURE & BALLOT NUMBER OR LETTER	Check one Sup. Op- port. pose:		AMOUNT	CUMU- LATIVE AMOUNT
	Oct 17 1984	Calif. Reapportion- ment Committee #841 384		Prop. 39: Reap- portionment Initiative Const. Amdt & Statute		X	\$5000-	\$5000-

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional subtotals to Line 1, Part IV) \$

YOU MUST COMPLETE THE SUMMARY AND VERIFICATION ON PAGE 2

OFFICIAL USE ONLY	C	D	E	F	
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For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions the Political Reform Act," Part X.

(Amounts may be rounded off to whole dollars)

NAME & ADDRESS OF RECIPIENT (Committee, also enter I.D. Number or Treasurer's name and address)	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION		INTER- EST RATE	AMOUNT OF LOAN	CUMULATIVE AMOUNT
None	Check one				
	Support	Oppose			
Attach additional information on appropriately labeled continuation sheets.					
SUBTOTAL (Carry with additional subtotals to Line 3, Part IV)				\$ 0	

II LOANS REPAID BY: (Amounts may be rounded off to whole dollars)

FULL NAME AND ADDRESS OF DEBTOR PLUS PERSON WHO REPAID THE LOAN IF DIFFERENT (If the loan was made to a committee, list the committee's name, address and I.D. Number. If the committee I.D. Number is unknown list the treasurer's full name and street address.)	AMOUNT REPAID THIS PERIOD	UNPAID BALANCE
None		
Attach additional information on appropriately labeled continuation sheets.		
SUBTOTAL (Carry with additional subtotals to Line 5, Part IV)		\$ 0

SUMMARY

Expenditures and contributions made of \$100 or more this period (Part I)	\$ 5000
Expenditures and contributions under \$100 made this period (Not itemized)	0
Loans made this period (Part III) Include all subtotals	0
TOTAL (Line 1 + 2 + 3)	5000
Loans repaid this period (Part III) Include all subtotals	0
Net expenditures and contributions made this period (Line 4 - 5, this can be a negative amount)	5000
Cumulative expenditures and contributions made from prior statement	0
Cumulative expenditures and contributions made to date (Line 6 + 7)	\$ 5000

VERIFICATION

I have not received any contributions during this calendar year.

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on Oct 25 1981 at MC NY by Helen Vester & Beth Ann aty in fact
(DATE) (CITY AND STATE) (SIGNATURE OF COMMITTEE TREASURER OR INDIVIDUAL DONOR)



Form 461
1984

EXPENDITURE AND MAJOR DONOR
COMMITTEE CAMPAIGN STATEMENT
(Government Code Section 84200-84217)

For use by: (1) persons who have made expenditures or contributions totaling \$5,000 or more in a calendar year directly to or at the behest of candidates, officeholders or committees; or, (2) persons who have made independent expenditures on behalf of candidates, officeholders or ballot measures totaling \$500 or more in a calendar year.

(Type or Print in Ink)

20.00

RECEIVED
AND FILED
In the office of the Secretary of State
of the State of California

OCT 31 1984

MARCH FONG EU, Secretary of State

A OFFICIAL USE ONLY

PM 10-29-84

Statement covers period _____ through _____

NAME OF FILER:

RAA HOLDING COMPANY INC. MCALY 212 664 9700

PERMANENT ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

1114 AVE OF AMERICANS 10036

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

TOTAL PAGES

EXPENDITURES AND CONTRIBUTIONS MADE TO: (Amounts may be rounded off to whole dollars)

OFFICIAL USE ONLY	DATE	NAME & ADDRESS OF PAYEE (If committee, also enter I.D. No. or Treasurer's name and address)	DESCRIPTION OF EXPENDITURE OR CONTRIBUTION MADE	NAME OF CANDIDATE & OFFICE OR NAME OF BALLOT MEASURE & BALLOT NUMBER OR LETTER	Check one Sup- port Op- pose	AMOUNT	CUMU- LATIVE AMOUNT
	Oct 17 1984	Calif. Reapportionment Committee #841 384		Prop. 39: Reapportionment Initiative Const. Amdt & Statute	X	\$5000	\$5000 -

Each additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional subtotals to Line 1, Part IV) \$

\$5000

YOU MUST COMPLETE THE SUMMARY AND VERIFICATION ON PAGE 2

OFFICIAL USE ONLY	C	D	E	F
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For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

(Amounts may be rounded off to whole dollars)

NAME & ADDRESS OF RECIPIENT (If committee, also enter I.D. Number or Treasurer's name and address)	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION		INTER- EST RATE	AMOUNT OF LOAN	CUMULATIVE AMOUNT
	Check one - Support Oppose				
None					
Attach additional information on appropriately labeled continuation sheets.					
SUBTOTAL (Carry with additional subtotals to Line 3, Part IV) \$				0	

II LOANS REPAID BY: (Amounts may be rounded off to whole dollars)

FULL NAME AND ADDRESS OF DEBTOR PLUS PERSON WHO REPAID THE LOAN IF DIFFERENT (If the loan was made to a committee, list the committee's name, address and I.D. Number. If the committee I.D. Number is unknown list the treasurer's full name and street address.)	AMOUNT REPAID THIS PERIOD	UNPAID BALANCE
None		
Attach additional information on appropriately labeled continuation sheets.		
SUBTOTAL (Carry with additional subtotals to Line 5, Part IV) \$		0

I SUMMARY

Expenditures and contributions made of \$100 or more this period (Part I)	\$ 5000
Expenditures and contributions under \$100 made this period (Not itemized)	0
Loans made this period (Part III) Include all subtotals	0
TOTAL (Line 1 + 2 + 3)	5000
Loans repaid this period (Part III) Include all subtotals	0
Net expenditures and contributions made this period (Line 4 - 5, this can be a negative amount)	5000
Cumulative expenditures and contributions made from prior statement	0
Cumulative expenditures and contributions made to date (Line 6 + 7)	\$ 5000

VERIFICATION

I have not received any contributions during this calendar year.

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on 02/25/1984 at NYC NY by [Signature]
(DATE) (CITY AND STATE) (SIGNATURE OF COMMITTEE TREASURER OR INDIVIDUAL DONOR)



Form 461
1984

EXPENDITURE AND MAJOR DONOR COMMITTEE CAMPAIGN STATEMENT

(Government Code Section 84200-84217)

For use by: (1) persons who have made expenditures or contributions totaling \$5,000 or more in a calendar year directly to or at the behest of candidates, officeholders or committees; or, (2) persons who have made independent expenditures on behalf of candidates, officeholders or ballot measures totaling \$500 or more in a calendar year.

(Type or Print in Ink)

RECEIVED
AND FILED

OCT 31 1984

Statement covers period 9/16/84 through 10/20/84

OFFICIAL USE ONLY
MARCH FONG, Secretary of State

NAME OF FILER:

JD WELSH HOLDING CO

PERMANENT ADDRESS: NO. AND STREET CITY STATE ZIP CODE 1003 AREA CODE PHONE NUMBER

114 AVE OF AMERICANS NYC NY 10011 212 869 9700

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

TOTAL PAGES

EXPENDITURES AND CONTRIBUTIONS MADE TO: (Amounts may be rounded off to whole dollars)

OFFICIAL USE ONLY	DATE	NAME & ADDRESS OF PAYEE (If committee, also enter I.D. No. or Treasurer's name and address)	DESCRIPTION OF EXPENDITURE OR CONTRIBUTION MADE	NAME OF CANDIDATE & OFFICE OR NAME OF BALLOT MEASURE & BALLOT NUMBER OR LETTER	Check one Sup. Op. part page	AMOUNT	CUMULATIVE AMOUNT
	<u>OCT 17 1984</u>	<u>Calif. Reapportionment Committee #841 384</u>		<u>Prop. 39: Reapportionment Initiative Const. Amdt & Statute</u>	<u>X</u>	<u>\$5000</u>	<u>\$5000</u>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional subtotals to Line 1, Part IV) \$ 5000

YOU MUST COMPLETE THE SUMMARY AND VERIFICATION ON PAGE 2

OFFICIAL USE ONLY	C	D	E	F
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For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

LOANS MADE TO: (Amounts may be rounded off to whole dollars)

DATE	FULL NAME & ADDRESS OF RECIPIENT (If committee, also enter I.D. Number or Treasurer's name and address)	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION		INTER- EST RATE	AMOUNT OF LOAN	CUMULATIVE AMOUNT
		Check one: Support Oppose				
	NONE					
SUBTOTAL (Carry with additional subtotals to Line 3, Part IV) \$					0	

Attach additional information on appropriately labeled continuation sheets.

III LOANS REPAID BY: (Amounts may be rounded off to whole dollars)

FULL NAME AND ADDRESS OF DEBTOR PLUS PERSON WHO REPAID THE LOAN IF DIFFERENT (If the loan was made to a committee, list the committee's name, address and I.D. Number. If the committee I.D. Number is unknown list the treasurer's full name and street address.)	AMOUNT REPAID THIS PERIOD	UNPAID BALANCE
SUBTOTAL (Carry with additional subtotals to Line 5, Part IV) \$		0

Attach additional information on appropriately labeled continuation sheets.

V SUMMARY

1. Expenditures and contributions made of \$100 or more this period (Part I)	\$ 5000 -
2. Expenditures and contributions under \$100 made this period (Not itemized)	0
3. Loans made this period (Part III) include all subtotals	0
4. TOTAL (Line 1 + 2 + 3)	5000
5. Loans repaid this period (Part III) include all subtotals	0
6. Net expenditures and contributions made this period (Line 4 - 5, this can be a negative amount)	5000 -
7. Cumulative expenditures and contributions made from prior statement	0
8. Cumulative expenditures and contributions made to date (Line 6 + 7)	\$ 5000

VERIFICATION

I have not received any contributions during this calendar year.

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on Oct 25 '81 at NYC, NY
(DATE) (CITY AND STATE)

by Jack D. [Signature]
(SIGNATURE OF COMMITTEE TREASURER OR INDIVIDUAL DONOR)



Form 461
1984

EXPENDITURE AND MAJOR DONOR COMMITTEE CAMPAIGN STATEMENT

(Government Code Section 84200-84217)

For use by: (1) persons who have made expenditures or contributions totaling \$5,000 or more in a calendar year directly to or at the behest of candidates, officeholders or committees; or, (2) persons who have made independent expenditures on behalf of candidates, officeholders or ballot measures totaling \$500 or more in a calendar year.

(Type or Print in Ink)

RECEIVED
AND FILED

In the office of the Secretary of State
of the State of California

OCT 30 1984

MARCH FONG EU, Secretary of State

A OFFICIAL USE ONLY

PM 10:25 AM

Statement covers period _____ through _____

NAME OF FILER

PERMANENT ADDRESS NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE

PHONE NUMBER

NAME OF TREASURER

PERMANENT ADDRESS OF TREASURER NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE

PHONE NUMBER

DATE OF ELECTION (MO., DAY, YR.) (IF APPLICABLE):

TOTAL PAGES

EXPENDITURES AND CONTRIBUTIONS MADE TO: (Amounts may be rounded off to whole dollars)

OFFICIAL USE ONLY	DATE	NAME & ADDRESS OF PAYEE (If committee, also enter I.D. No. or Treasurer's name and address)	DESCRIPTION OF EXPENDITURE OR CONTRIBUTION MADE	NAME OF CANDIDATE & OFFICE OR NAME OF BALLOT MEASURE & BALLOT NUMBER OR LETTER	Check one Support Oppose	AMOUNT	CUMU- LATIVE AMOUNT
	OCT 17 1984	Calif. Reapportionment Committee #841 384		Prop. 39: Reapportionment Initiative Const. Amdt & Statute	X	\$000 - \$5000 -	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional subtotals to Line 1, Part IV) \$

\$5000

YOU MUST COMPLETE THE SUMMARY AND VERIFICATION ON PAGE 2

OFFICIAL USE
ONLY

C

D

E

F

For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

LOANS MADE TO: (Amounts may be rounded off to whole dollars)

DATE	FULL NAME & ADDRESS OF RECIPIENT (If committee, also enter I.D. Number or Treasurer's name and address)	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION		INTER- EST RATE	AMOUNT OF LOAN	CUMULATIVE AMOUNT
		Check one: Support Oppose				
	<i>None</i>					
attach additional information on appropriately labeled continuation sheets.						
SUBTOTAL (Carry with additional subtotals to Line 3, Part IV)					\$	

I LOANS REPAID BY: (Amounts may be rounded off to whole dollars)

FULL NAME AND ADDRESS OF DEBTOR PLUS PERSON WHO REPAID THE LOAN IF DIFFERENT (If the loan was made to a committee, list the committee's name, address and I.D. Number. If the committee I.D. Number is unknown list the treasurer's full name and street address.)	AMOUNT REPAID THIS PERIOD	UNPAID BALANCE
<i>None</i>		
attach additional information on appropriately labeled continuation sheets.		
SUBTOTAL (Carry with additional subtotals to Line 5, Part IV)		\$

/ SUMMARY

Expenditures and contributions made of \$100 or more this period (Part I)	\$ <u>5000</u>
Expenditures and contributions under \$100 made this period (Not itemized)	<u>0</u>
Loans made this period (Part III) Include all subtotals	<u>0</u>
TOTAL (Line 1 + 2 + 3)	<u>5000</u>
Loans repaid this period (Part III) Include all subtotals.	<u>0</u>
Net expenditures and contributions made this period (Line 4 - 5, this can be a negative amount)	<u>5000</u>
Cumulative expenditures and contributions made from prior statement.	<u>0</u>
Cumulative expenditures and contributions made to date (Line 6 + 7)	\$ <u>5000</u>

VERIFICATION

I have not received any contributions during this calendar year.

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on Oct 25 87 at NYC NY by John A. Quinn Jr. Robert Quinn
(DATE) (CITY AND STATE) (SIGNATURE OF COMMITTEE TREASURER OR INDIVIDUAL DONOR)



Form 481
1984

EXPENDITURE AND MAJOR DONOR
COMMITTEE CAMPAIGN STATEMENT
(Government Code Section 84200--84217)

For use by: (1) persons who have made expenditures or contributions totaling \$5,000 or more in a calendar year directly to or at the behest of candidates, officeholders or committees; or, (2) persons who have made independent expenditures on behalf of candidates, officeholders or ballot measures totaling \$500 or more in a calendar year.

(Type or Print in Ink)

\$20.00

RECEIVED
AND FILED
In the office of the Secretary of State
of the State of California

NOV 03 1984

MARCH FONG EU, Secretary of State

OFFICIAL USE ONLY
P.M. 10-27-84

Statement covers period _____ through _____

NAME OF FILER

JWA HONICK COMPANY

PERMANENT ADDRESS: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

114 AVE OF AMERICA NYC NY 10036 212 869 9700

NAME OF TREASURER:

PERMANENT ADDRESS OF TREASURER: NO. AND STREET CITY STATE ZIP CODE AREA CODE PHONE NUMBER

DATE OF ELECTION (MO., DAY, YR.) (If applicable):

TOTAL PAGES

EXPENDITURES AND CONTRIBUTIONS MADE TO: (Amounts may be rounded off to whole dollars)

OFFICIAL USE ONLY	DATE	NAME & ADDRESS OF PAYEE (If committee, also enter I.D. No. or Treasurer's name and address)	DESCRIPTION OF EXPENDITURE OR CONTRIBUTION MADE	NAME OF CANDIDATE & OFFICE OR NAME OF BALLOT MEASURE & BALLOT NUMBER OR LETTER	Check one Support Oppose	AMOUNT	CUMU- LATIVE AMOUNT
	09/17 1984	Calif. Reapportionment Committee #841 384		Prop. 39: Reapportionment Initiative Const. Amdt & Statute	X	\$5000 -	\$5000 -

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL (Carry with any additional subtotals to Line 1, Part IV) \$

5000-

YOU MUST COMPLETE THE SUMMARY AND VERIFICATION ON PAGE 2

OFFICIAL USE ONLY	C	D	E	F
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For information required to be provided to you pursuant to the Information Practices Act of 1977, see "Information Manual on Campaign Disclosure Provisions of the Political Reform Act," Part X.

(Amounts may be rounded off to whole dollars)

NAME & ADDRESS OF RECIPIENT (If loan made to a committee, also enter I.D. Number or Treasurer's name and address)	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION		INTER- EST RATE	AMOUNT OF LOAN	CUMULATIVE AMOUNT
	Check one - Support Oppose				
None					
Attach additional information on appropriately labeled continuation sheets.					
SUBTOTAL (Carry with additional subtotals to Line 3, Part IV)				\$	0

II LOANS REPAID BY: (Amounts may be rounded off to whole dollars)

FULL NAME AND ADDRESS OF DEBTOR PLUS PERSON WHO REPAID THE LOAN IF DIFFERENT (If the loan was made to a committee, list the committee's name, address and I.D. Number. If the committee I.D. Number is unknown list the treasurer's full name and street address.)	AMOUNT REPAID THIS PERIOD	UNPAID BALANCE
None		
Attach additional information on appropriately labeled continuation sheets.		
SUBTOTAL (Carry with additional subtotals to Line 5, Part IV)		\$ 0

V SUMMARY

1. Expenditures and contributions made of \$100 or more this period (Part I)	\$ 5000
2. Expenditures and contributions under \$100 made this period (Not itemized)	0
3. Loans made this period (Part III) Include all subtotals	0
TOTAL (Line 1 + 2 + 3)	5000
4. Loans repaid this period (Part III) Include all subtotals	0
Net expenditures and contributions made this period (Line 4 - 5, this can be a negative amount)	5000
Cumulative expenditures and contributions made from prior statement	0
Cumulative expenditures and contributions made to date (Line 6 + 7)	\$ 5000

VERIFICATION

I have not received any contributions during this calendar year.

I declare under penalty of perjury that this campaign statement is true, correct and complete and that I have used all reasonable diligence in its preparation.

Executed on Oct 25, 1987 at NYC NY by [Signature]
(DATE) (CITY AND STATE) (SIGNATURE OF COMMITTEE TREASURER OR INDIVIDUAL DONOR)